Special Education Referral, Evaluation, and Placement Practices for Preschool English Language Learners

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Abstract:

The number of English language learners (ELLs) in early childhood regular and special education services has increased dramatically in the past decade. A survey was conducted with 141 early childhood administrators and teachers to examine their beliefs and practices concerning the special education referral, evaluation, and placement process for preschool ELLs and their families. Survey questions were designed to gather information about: 1) how cultural and language differences were addressed, 2) what strategies were used to ensure parent participation of ELL children, and 3) what training was available and being used by early childhood professionals. Data were coded and percentages of similar responses calculated to understand participants' beliefs, attitudes, and practices. Results indicate that inconsistencies in methods are used to determine home language and English proficiency, a lack of clarity regarding the purpose of instruments used for screening and evaluating ELL children, a need for reliable and valid screening and assessment tools in a variety of languages, a need for interpreters who are trained in early childhood terms and the special education referral, evaluation, and placement process, and a need for more teacher training on meeting the needs of culturally and linguistically diverse families.

Article:

Children of immigrant families are the fastest growing population in the United States (United States Census Bureau, 2003). In 2003, an estimated 33.5 million people, or nearly 12 percent of the U.S. population, was foreign-born (Larsen, 2004). As a result of these population changes, the number of children in U.S. schools who are English language learners (ELLs) has increased by more than 15 million students, making up almost 10 percent of the total school population in prekindergarten through 12th grade (Mathews & Ewen, 2006; Meyer, Madden, & McGrath, 2004). Spanish, Vietnamese, Hmong, Korean, and Arabic are among the top five languages spoken in the homes of families with ELLs (Hopstock & Stephenson, 2003).

Early childhood regular and special education services have been particularly impacted by these population changes. Nineteen states experienced a 100 percent or more increase in the number of immigrant children under age 6 during the last decade, and approximately 44 percent of ELL students attending public schools are in pre-kindergarten through 3rd grade (Mathews & Ewen, 2006). Similarly, in 2005, twenty-five percent of the children attending Head Start spoke a language (mostly Spanish) other than English in their homes (Hamm, 2006). In response to the large number of young ELL students participating in preschool education and the need to appropriately educate the increasing number of culturally and linguistically diverse learners, 12 of the 38 states and the District of Columbia that have state preschool services use ELL as an "at-risk" category or as a factor to prioritize enrollment of eligible children (Mathews & Ewen, 2006).

North Carolina's population reflects this national picture. It is well-documented that North Carolina has the fastest growing Latino population in the United States, nearly a 400 percent increase since 1990, and six to seven times faster than the national growth rate (North Carolina State Data Center, 2001). In fact, 27.5 percent

of the state's population growth from 1990 to 2004 was made up of Latino families. Fifty-seven percent of the total enrollment growth in North Carolina public schools between the 2000-01 and 2004-05 school years can be attributed to the Latino population (North Carolina Department of Public Instruction, 2006).

Within North Carolina and nationwide, early childhood teachers and administrators in both regular and special education are being challenged in new ways by the cultural and linguistic differences of ELLs. These circumstances are exacerbated by the speed at which these changes have taken place, thus creating enormous challenges to service providers responsible for assessing, determining eligibility, and providing educational services to young ELLs (Bevan-Brown, 2001; Burnette, 2000; Rolstad, Mahoney, & Glass, 2005). All too frequently, children who are culturally and linguistically diverse fail initial developmental screenings. Ultimately, many of these children are placed in special education simply because of the difficulties in distinguishing learning differences from cultural and linguistic differences (De Valenzuela, Copeland, Qi, & Park, 2006; Lock & Layton, 2002). The gravity of this situation was reflected in the recent reauthorization of the Individuals With Disabilities Education Improvement Act (IDEA 2004), which now requires states to develop policies and procedures to prevent over-identification or disproportionate representation of children by race/ethnicity in their special education programs (United States Congress, 2004).

Research indicates that although children with limited English proficiency may be able to orally communicate in English in social situations with peers and adults in as little as one to two years, the skills required to be cognitively and academically proficient in English may take as long as five to eight years to develop (Cummins, 1981, 2005; Lake & Pappamihiel, 2003; Tabors, 1997). This fact alone brings into question the efficacy of assessment results for children with limited English proficiency when they are evaluated for special services. Even after the initial adjustment period, children may continue to learn at a slower pace, due to language differences or unfamiliar teaching styles (Barrera, Corso, & MacPherson, 2003; Grossman, 1998; Lock & Layton, 2002), sometimes resulting in referrals to special services.

In addition, early childhood professionals are faced with the task of ensuring active family participation of ELLs in a culturally responsive manner, regardless of potential language barriers. In accordance with legal mandates under IDEA 2004, particularly the provision of nondiscriminatory evaluation and procedural safeguards for family participation, early childhood professionals must ensure that appropriate measures are taken to facilitate open and effective communication between service providers and families of ELL children (National Association for the Education of Young Children [NAEYC], 2005). According to Barrera, Corso, and MacPherson (2003), common problems related to parent involvement in the referral, evaluation, and placement process include insufficient methods for: 1) determining cultural and linguistic differences that contribute to or inhibit communication between parents and professionals, 2) gathering information from families using culturally sensitive processes, 3) communicating assessment results and placement options with families within a culturally responsive framework, and 4) developing and maintaining culturally appropriate methods of communication with families after a child begins receiving special services.

Understanding successful strategies as well as gaps in support for children who are ELLs and their families will help ensure greater success for them as they navigate through the public school system. To better understand the dynamics surrounding the referral, evaluation, and placement process, as well as methods for encouraging family participation for preschool children who are ELLs, the authors conducted a statewide survey with administrators and teachers in North Carolina who provide regular and special education services to young children. The study was designed to address the following three questions:

1. How are cultural and language differences being addressed during the special education referral, evaluation, and placement process for preschool ELLs?
2. What accommodations are being made to ensure parent participation during the special education referral, evaluation, and placement process?
3. Have classroom teachers and special education professionals been trained on cultural and linguistic practices relevant to the referral, evaluation, and placement process?

METHODS

Program Characteristics

All of the participating programs (n = 31) were located in North Carolina. As shown in Table 1, the programs included child care centers, public schools, and Head Start centers. Approximately two-thirds of the programs were located in the Piedmont or central region of the state. Another seven programs were in the mountains of the western region, and five programs were from the eastern coastal region. Most programs were located in urban/suburban service areas. All of the programs provided services to children with disabilities and ELLs.

Participants

Total Sample. A total of 141 participants returned surveys. However, one survey was excluded from analyses because of incomplete data. Thus, data from 140 surveys were included in all analyses. Of these 140 respondents, 31 completed administrator surveys and 109 completed teacher surveys. Except for one administrator, all of the participants were female. The race/ethnicity of the participants for the total sample included: American Indian or Alaska Native (1.4 percent); Asian (0.7 percent); black or African American (32.1 percent); Hispanic or Latino (2.1 percent); white (62.4 percent); and other (2.1 percent).

Administrators. Table 2 depicts the demographic data for the administrator survey subsample (n = 31), consisting of mostly child care center directors, preschool special education directors for public school districts, and school principals. The race/ ethnicity distribution of the administra-

Table 1
Program Characteristics by Geographic Region and Service Area Type (n=31)

Program Type	Number of Programs		Geographic Region						Service Area Type					
			Coast		Piedmont		Mountains		Rural		Urban/ Suburban		Both	
Child care	14	45.2%	2	6.5%	10	32.3%	0	0.0%	1	3.2%	12	38.7%	0	0.0%
Head Start	7	22.6%	1	3.2%	6	19.4%	1	3.2%	6	19.4%	0	0.0%	0	0.0%
Public School	10	32.3%	2	6.5%	4	12.9%	6	19.4%	1	3.2%	1	3.2%	10	32.3%
Total	31	100.0%	5	16.1%	20	64.5%	7	22.6%	8	25.8%	13	41.9%	10	32.3%

tor survey subsample was proportionally similar to the total sample distribution. Responses concerning the highest level of education completed indicated that all but one of the administrators had some college training, including two-thirds with a master's or doctoral degree. All but five administrators reported being in their current job for 1-10 years, and most had worked as early childhood education administrators for more than a decade.

Teachers. Table 3 shows the demographic data for the teacher survey subsample (n = 109). By far, the majority of teacher survey respondents were classroom teachers. In addition, six speech/language pathologists and four teacher assistants completed the teacher survey. While the race/ethnicity of the teacher survey subsample reflected the total sample distribution, it should be noted that the majority of the participants (87 percent) were of European and African American decent. More than half of the teacher survey respondents had college degrees. Nearly two-thirds reported being in their current job for up to five years and another 24 percent for 5-10 years. Approximately two-thirds of the teachers reported working in the field of early childhood education for 1-10 years.

Table 2
Position, Race/Ethnicity, and Highest Level of Education for Administrator Survey Participants (n=31)

Administrator Survey (*n*=31)		
Position	n	%
Directors	19	61.3%
Directors/Teachers	2	6.5%
Assistant Directors	1	3.2%
Other[a]	9	29.0%
Race/Ethnicity		
American Indian or Alaska Native	1	3.2%
Asian	0	0.0%
Black or African American	6	19.4%
Hispanic or Latino	2	6.5%
White	20	64.5%
Other[b]	2	6.5%
Highest Level of Education		
High school diploma/GED	1	3.2%
Associate's degree	4	12.9%
Doctoral degree	6	19.4%
Bachelor's degree	1	3.2%
Master's degree	16	51.6%
High school diploma/some coursework	3	9.7%

Notes: [a]Other = 5 Preschool special education coordinators, 3 Principals, 1 Education specialist
[b]Other = 1 Arabic/African American, 1 Unknown

Measures

Two types of measures—a program administrator survey and a teacher survey—were developed to investigate current practices associated with the referral, evaluation, and placement process for preschool ELLs. A literature search was conducted to identify trends and issues related to ELLs and the special education referral, evaluation, and placement process for ELL students. Questions were drafted for each category of services (referral, evaluation, placement) to obtain information related to both ELL children and their families. A cover sheet was added that explained the purpose of the survey, included instructions for completing the survey, and asked participants for personal demographic information (name and contact information). Other personal demographics were included at the end of the survey (position, gender, race/ethnicity, number of years in early childhood, preservice and inservice training). In addition, program directors were asked to provide information, such as type of program (e.g., public school kindergarten, private child care center), service area (rural, urban, suburban), and teaching staff characteristics (e.g., number of bilingual staff). Each measure was piloted with early childhood professionals, and questions were revised accordingly.

Both surveys comprised multiple choice and short answer open-ended questions. The administrator survey consisted of 45 questions and the teacher survey contained 36 questions. questions concerning the referral process focused on language proficiency in the home language (two questions), English language proficiency (three questions), and the preschool screening process (four ques-

Table 3
Teacher Survey Participants: Demographic Data (n=109)

Teacher Survey (*n*=109)		
	N	**%**
Position		
Teachers	95	87.2%
Speech/Language Pathologists	6	5.5%
Teacher Assistants	4	3.7%
Other[a]	4	3.7%
Race/Ethnicity		
American Indian or Alaska Native	1	0.9%
Asian	1	0.9%
Black or African American	39	35.8%
Hispanic or Latino	1	0.9%
White	66	60.6%
Other[b]	1	0.9%
Highest Level of Education[c]		
High school diploma/GED	6	5.5%
Associate's degree	15	13.8%
Doctoral degree	1	0.9%
Bachelor's degree	34	31.2%
Master's degree	25	22.9%
High school diploma/some coursework	25	22.9%

Notes: [a]Other = 1 Migrant program recruiter, 1 School psychologist, 1 Therapist, 1 Disability services worker
[b]Other = 1 Irish/German American
[c]Three participants did not respond to this item.

tions). The surveys included a total of four diagnostic evaluation process questions on each of the following topics: the instruments used, the language in which they were administered, the evaluation administration process, and strategies used to meet the needs of ELL children during diagnostic evaluations. Two questions were asked about administrators' and teachers' perceptions of how language and cultural diversity needs were taken into account during the IEP process. The surveys contained five questions to learn about accommodations for parents of ELLs throughout the referral, evaluation, and placement process. Additionally, administrators were asked six questions about the skills and training of their teaching staff. The surveys took 20-30 minutes to complete.

PROCEDURES

Initially, a doctoral student recruited programs through telephone or face-to-face interviews with the program/school administrator. The doctoral student was trained on confidentiality procedures; interviewing techniques; methods for identifying possible programs/schools from each program type (e.g., Head Start, public schools, community child care centers) and according to state regions; and guidelines for documenting and organizing recruitment activities and data entry. During the recruitment interviews, program administrators were asked if: 1) they enrolled children ages 3-4 years old, 2) they enrolled children who were English language learners, and 3) they enrolled children with disabilities. Forty-nine programs that met these criteria were asked to participate in the study.

Once it was determined that a program was eligible to participate in the study, packets of consent letters and surveys were mailed or delivered in person to program administrators, who disseminated and collected them. Completed surveys were placed in an envelope to ensure confidentiality. Follow-up phone calls and e-mails were made as needed during the data collection process. During the implementation of the project, a concern arose regarding the disproportional responses by geographic region. Therefore, in order to ensure a statewide

perspective on the topic, such agencies as the North Carolina Department of Public Instruction's Division of Exceptional Children and Head Start regional consultants were contacted to disseminate additional surveys during program meetings.

The responses for each survey were entered into an Excel spreadsheet. Two individuals verified the results for each item against the original protocol to ensure accuracy. Two individuals independently read and coded responses to open-ended questions to look for similar patterns and themes for each question on the two surveys. Differences in coding categories were discussed and reconciled for each question. Two sets of data analyses were conducted to examine the beliefs and practices of early childhood regular and special education professionals. First, descriptive data were examined by administrators, teachers, and for the overall sample. Second, data were examined to understand patterns of similarities and differences for each research question and area of service (referral, evaluation, placement). Percentages were calculated by using SPSS 14.0 for each multiple-choice question and coded response for each survey. It should be noted that percentages for some questions exceeded 100 percent, since multiple answers were allowed.

RESULTS

Referral Process

Questions about language proficiency in the home language, English proficiency, and the preschool screening process were included to better understand beliefs and practices concerning the referral process. The results pertaining to these aspects of the referral process are as follows.

Language Proficiency. Five questions about language proficiency were included in the surveys—two pertaining to home language proficiency and three concerning English language proficiency. Administrators and teachers reported the same top three methods for both identifying the child's home language and determining the amount of proficiency for the home language (shown in Table 4), including: meetings with parents at school, written forms completed by parents, and home visits.

Results for the third question, which pertained to how English language proficiency was determined, suggest that observations at school, language proficiency tests, and home observations are the most frequent methods used. When asked to identity the language proficiency tests used for this purpose, administrators most frequently cited two instruments: the IDEA Oral Language Proficiency Test (IPT II) and the Miami-Dade Oral Language Proficiency Test. It is interesting to note that the third most prevalent instrument reported was the DIAL-3, a developmental screen. In fact, teachers reported the DIAL-3 as the most prevalent instrument for assessing English language proficiency, followed by nonspecific speech/language tests, and the Miami-Dade Oral Language Proficiency Test.

The last question asked how English language proficiency information was used. Administrators reported using this information for individualized planning, and to determine how well ELL children communicate and the language spoken by their family, or whether a referral was needed. The teachers' responses indicated the same reasons, but in a slightly different order of frequency with determining how

Table 4
Language Proficiency Questions for Administrators (n=31) and Teachers (n=109)

Survey Question	Administrator Survey		Teacher Survey	
Home language determined through:	75.9%	Meeting with parents at school	65.9%	Meeting with parents at school
	44.8%	Written form completed by parents	56.0%	Written form completed by parents
	34.5%	Home visits	45.1%	Home visits
Home language proficiency determined through:	82.1%	Meeting with parents at school	60.9%	Meeting with parents at school
	35.7%	Written form completed by parents	44.8%	Written form completed by parents
	28.6%	Home visits	37.9%	Home visits
English language proficiency determined through:	72.4%	Observations in school	80.2%	Observations in school
	34.5%	Language proficiency test	30.8%	Language proficiency test
	24.1%	Observations in home	30.8%	Observations in home
Language proficiency tests used:	33.3%	IDEA Oral Language Proficiency Test (IPT)	40.0%	DIAL-3
			23.3%	Speech/Language tests
	20.5%	Miami-Dade Oral Language Proficiency	20.0%	Miami-Dade Oral Language Proficiency
	16.7%	DIAL-3		
Language proficiency information is used for/to:	50.0%	Individualized planning	37.0%	Determine how well children communicate/language of family
	20.0%	Determine how well children communicate and language of family	28.3%	Determine referral
	20.0%	Determine further testing needed	26.1%	Individualized planning
	20.0%	Determine referral		

well children can communicate and the language of the family the most frequent way the information was used, followed by whether further referral was needed and for individualized planning purposes.

Screening Process. To better understand teachers' beliefs and practices concerning developmental screening for preschool ELLs, four questions were included in the survey, as shown in Table 5. The first question simply asked respondents to identify the developmental screening instrument(s) they use. Both administrators and teachers reported the DIAL-3 as being the most prevalent screening instrument used (46.2 percent and 53.8 percent, respectively). Administrators reported using the Head Start National Re porting System and the Brigance as the next most frequently used screening instruments, while teachers reported using the Learning Accomplishment Profile-Diagnostic (LAP-D) and the Brigance.

In response to the next question (about the number of times per year children are screened), administrators and teachers alike reported that the majority of children were screened one time per year (47.8 percent and 40.5 percent, respectively). Approximately 40 percent of respondents reported screening children twice a year, and a small number of respondents stated that children were screened three times a year. A few teachers indicated a combination of times, depending on the instrument used.

Table 5
Screening Process Questions for Administrators (n=31) and Teachers (n=109)

Survey Question	Administrator Survey		Teacher Survey	
Developmental screening instrument used	46.2%	DIAL-3	53.8%	DIAL-3
	19.2%	Head Start National Reporting System	16.3%	LAP-D
	15.4%	Brigance	11.3%	Brigance
Times per year children are screened	47.8%	One time	40.5%	One time
	47.8%	Two times	41.8%	Two times
	21.7%	Three times	11.4%	Three times
			5.1%	Combination depending on instrument
Languages developmental screening administered in	100.0%	English	95.7%	English
	80.8%	Spanish	80.4%	Spanish
			7.6%	Variety (Hmong, Arabic, Vietnamese, French)
Process used to screen ELL children	70.8%	Administered in home language	73.8%	Administered in home language
	62.5%	Interpreter assists	65.5%	Interpreter assists
	37.5%	Missed items are administered in opposite language	26.2%	Administered in English only
	25.0%	Administered in English only	22.6%	Missed items are administered in opposite language

Almost all of the respondents reported that most developmental screens were administered in English. Spanish was the second most frequently spoken language, and a few teachers reported other languages spoken, including Hmong, French, Vietnamese, and Arabic.

In the fourth question related to screening, participants were asked to identify the process they used to screen ELLs more precisely. Administrators and teachers were in agreement about the most frequently used strategies, including: administering the screening in children's home language; having an interpreter assist with the screening; administering missed items in the opposite language; and administering the screen in English only. Sixty percent of administrators and 49 percent of teachers indicated that interpreters received training related to the screening process.

Diagnostic Evaluation Process. Four questions about the diagnostic evalua tion process were included in the survey, as shown in Table 6. First, participants were asked to identify the language(s) in which the diagnostic evaluations were administered. The responses were similar to those about the screening responses, with participants indicating that most diagnostic evaluations are administered in English, followed by Spanish, and then other languages (Arabic, French, Hmong, Icelandic, and Vietnamese).

Second, participants were asked to identify the diagnostic assessment instruments used during the evaluation process. Approximately one-fifth of both administrators and teachers reported the Preschool Language Scale-4 as being the most prevalent instrument used during the diagnostic evaluation process. Administrators reported the DIAL- 3 and Bayley Scales of Infant Development- Third Edition as the next most frequently used instruments. Teachers reported the DIAL-3, even though it is a screening tool,

Table 6
Diagnostic Evaluation Process Questions for Administrators (n=31) and Teachers (n=109)

Survey Question	Administrator Survey		Teacher Survey	
Languages diagnostic evaluation administered in	83.9%	English	86.8%	English
	54.8%	Spanish	79.1%	Spanish
	19.4%	Other languages	37.4%	Other languages
Diagnostic assessments used	19.2%	Preschool Language Scale-4	21.5%	Preschool Language Scale-4
			20.0%	DIAL-3
	15.4%	ELAP	20.0%	LAPR or LAP3
	15.4%	DIAL-3		
	15.4%	Bayley Scales		
Other strategies used during diagnostic evaluation process	74.2%	Classroom observations	88.4%	Classroom observations
	21.7%	Screenings	21.7%	Screenings
	19.4%	Parent report	21.7%	Parent report
	17.4%	Work samples	15.9%	Home visits
Process used for diagnostic evaluation of ELL children	60.9%	Administered in home language	70.6%	Administered in home language
	52.2%	Interpreter assists	60.3%	Interpreter assists
	13.0%	Missed items are administered in opposite language	26.5%	Missed items are administered in opposite language

as the most frequently used instrument used for diagnostic evaluations, followed by the Learning Accomplishment Profile-Revised (LAP-R)/Learning Accomplishment Profile- Third Edition (LAP-3).

Next, participants were asked to indicate other strategies used to gather information during the diagnostic evaluation process. By far, both administrators and teachers (74.2 percent and 88.4 percent, respectively) reported classroom observations as the most prevalent method for obtaining information relevant to the diagnostic evaluation process. To a lesser extent, screening tools and parent reports, work samples, and home visits were other methods used to gather evaluation information.

Lastly, respondents were asked to describe the process used for diagnostic evaluation of ELLs. Administrators and teachers reported three main strategies used to facilitate this process: administering assessments in children's home language, having an interpreter assist with the screening, and administering missed items in the opposite language. Forty-two percent of administrators and 27 percent of teachers stated that interpreters received training related to assisting with the diagnostic evaluation process.

Placement-IEP Process. As depicted in Table 7, participants were asked how IEP goals reflected the culture of ELL children. Forty percent of the teachers reported they did not know the answer to this question. Of the remaining 60 percent, approximately 40 percent of both administrators and teachers reported that cultural and language differences were taken into account in the children's IEPs. Almost 30 percent of administrators and 20 percent of teachers reported that parent participation helped ensure this aspect in the IEP goals. Unfortunately, nearly a quarter of the administrators and 18 percent of teachers said no effort was made to reflect cultural and linguistic differences in IEPs.

The second question about the IEP process asked respondents to indicate the ways that language needs are addressed in IEPs. Two- thirds of the administrators and almost half of the teachers reported that a bilingual assessor helped with the IEP and/or the home language was included in IEP goals. Administrators also stated that they had meetings with parents and solicited therapist input to help address language needs in IEPs. A third of

the teachers answered "yes" to this question but did not have specific examples because the IEP was developed by someone else (e.g., therapist, testing center). A small percentage of both types of respondents

Table 7
IEP Process Questions for Administrators (n=31) and Teachers (n=109)

Survey Question	Administrator Survey		Teacher Survey	
How IEP goals reflect culturally diverse background of ELL children	41.2%	Takes into account home language and culture	38.0%	Takes into account home language and culture
	29.4%	Parent participation	40.0%	Unknown
	23.5%	None	20.0%	Parent participation
			18.0%	None
Ways language needs are addressed in IEP	63.2%	Bilingual assessor or home language included	46.7%	Bilingual assessor or home language included
	15.8%	Other (parent meetings, therapist input)	33.3%	Yes, language unknown
	15.8%	None	15.6%	English only
	5.3%	English only	6.7%	None

indicated that the IEP was in English only and no effort was made to address language needs in the IEP.

Parent Participation

Administrators and teachers were asked five questions about accommodations to help ensure the participation of parents from culturally and linguistically diverse populations whose children are ELLs. Results indicate that little information was gathered about specific issues related to language or culture during the screening process. However, increased efforts were made to gather information about language and cultural differences and to include parents of ELLs once a referral was made and during the diagnostic evaluation and IEP processes, as shown in Table 8.

Both administrators and teachers reported demographics, medical information, parent concerns, and background information as the most prevalent forms of information gathered. Administrators reported that parents sometimes completed screening tools and information about language and cultural differences as additional aspects of the screening process. Teachers reported information about language and cultural differences as a more prevalent type of information gathered during the screening process than completed screening tools from parents. A small percentage of respondents in both groups indicated that no information was gathered from parents during the screening process.

Administrators and teachers were in agreement about the priorities of the types of information gathered from families once a child was referred. The responses fell into three categories. First, respondents asked families about their children's experience with English. Second, the families' concerns were taken into account, such as language preferences in the home and goals for their children. The third most important information gathered during the referral process was the children's interaction with their home language and the country of origin for the parents and children.

The methods used to obtain information with the family during the diagnostic evaluation process included: face-to-face meetings at school, written documents, information about the parent/primary caregiver goals for the child, and home visits. Once completed, results were shared with parents using similar methods, such as face-to-face meetings at school and written documents (evaluation results). Also, respondents indicated that interpreters were used to help explain the results approximately 40 percent of the time.

Lastly, when asked about strategies used to help parents participate in IEP meetings, almost all of the participants reported using interpreters. Translating the written information into the home language was the next most frequently used strategy. About 10 percent of the respondents reported using family advocates to help families participate in IEP meetings.

Staff Training

Administrators were asked a series of questions related to preservice and inservice training for teachers and teacher assistants concerning cultural and linguistics practices during the referral, evaluation, and placement process (shown in Table 9). Slightly more than half of the administrators, when asked if any teaching staff were bilingual, reported the presence of teachers and teacher assistants in their programs who spoke a language other than English. Not surprisingly, Spanish was the second language for all but a few of the bilingual teachers and teacher assistants.

When asked to describe the roles the bilingual teachers and teacher assistants assumed to help ELLs, they reported assisting children during classroom interactions; supporting parents during meetings, conferences, and home visits; offering one-on-one tutoring; translating written documents; and providing professional development for other staff. Responses to the same question for parents included: interacting with parents during meetings, conferences, and home visits; translating written documents

Table 8
Parent Participation in the Screening, Referral, Diagnostic Evaluation, and IEP Process, as Reported by Administrators (n=31) and Teachers (n=109)

Survey Question	Administrator Survey		Teacher Survey	
Type of information gathered from parents during screening process	47.6%	Typical demographics, medical, parent concerns, background	69.5%	Typical demographics, medical, parent concerns, background
	28.6%	Screenings	20.3%	Information about language/ cultural
	23.8%	Information about language/ culture	18.6%	Screenings
	9.5%	None	8.5%	None
Information related to cultural/ language differences obtained from primary caregivers when child is referred for diagnostic evaluation	90.5%	Amount of English spoken in child's home	87.8%	Amount of English spoken in child's home
	85.7%	Frequency of child's interactions with English only	77.0%	Frequency of child's interactions with English only
	81.0%	Family's language preference for their child	75.7%	Frequency of child's interactions with home language
	81.0%	Parents' goals for the child	74.3%	Parents' goals for the child
	76.2%	Frequency of child's interactions with home language	73.0%	Family's language preference for their child
	71.4%	Child's country of origin	67.6%	Parents' country of origin
	61.9%	Parents' country of origin	60.8%	Child's country of origin
Methods used to obtain information from the family as part of the diagnostic evaluation process	90.5%	Face-to-face meeting at school	88.8%	Face-to-face meeting at school
	76.2%	Written documents	65.0%	Written documents
	61.9%	Parent/primary caregiver goals for the child	56.3%	Parents'/primary caregivers' goals for the child
	42.9%	Home visit	33.8%	Home visit
Methods used to share results of diagnostic evaluation with parents	45.0%	Face-to-face meeting	49.3%	Written explanation of results
	45.0%	Written explanation of results	44.8%	Face-to-face meetings
	40.0%	Interpreter assists with the explanation of results	35.8%	Interpreter assists with the explanation of results
Parent strategies used during IEP meetings	100.0%	Interpreters	85.5%	Interpreters
	84.2%	Written information in home language	58.1%	Written information in home language
	10.5%	Advocate	9.7%	Advocate

related to parent communication; and providing professional development for other staff.

Administrators also were asked about methods used to prepare teachers and teacher assistants for instructing ELLs. For both groups, the majority of training is provided through local conferences and staff development events. College coursework was the second most frequent method of professional development for both groups. The remaining methods of training differed for each group. For teachers, other methods of training included district-wide staff development, state conferences, and national conferences. For teacher assistants, the other methods of training were on-site staff development, state conferences, and district-wide staff development. No teacher assistants reported receiving training at national conferences.

DISCUSSION AND RECOMMENDATIONS

As the population of ELLs has increased across the United States, early childhood regular and special educators have struggled to distinguish learning differences from language differences. Well-intentioned professionals often are challenged by these circumstances. On the one hand, they feel bound to follow the procedures stated in federal, state, and local policies for providing appropriate education services, while at the

Table 9
Content and Methods of Preservice and Inservice Training, as Reported by Administrators (n=31)

Survey Question	Administrator Survey	
Do any teachers/teacher assistants speak a language other than English?	51.9%	Yes
	48.1%	No
If yes, what other languages?	100.0%	Spanish
	3.7%	Farsi
Role of bilingual teacher/teacher assistant with children	50.0%	Interactions with child in classroom
	35.0%	Interactions with parents (meetings, conferences, home visits)
	10.0%	Tutoring
	5.0%	Translates written documents
	5.0%	Professional development for other staff
Role of bilingual teacher/teacher assistant with parents	86.7%	Interactions with parents (meetings, IEP meetings, conferences, home visits)
	33.3%	Translates written documents
	6.7%	Professional development for other staff
Methods for preparing teachers for instructing ELL children	60.9%	Local conferences/staff development
	47.8%	College coursework
	26.1%	District-wide staff development
	26.1%	State conferences
	8.7%	National conferences
Methods for preparing teacher assistants for instructing ELL children	61.9%	Local conferences/staff development
	52.4%	College coursework
	47.6%	On-site staff development
	33.3%	State conferences
	23.8%	District-wide staff development
	0.0%	National conferences

same time they search for new strategies that will help them effectively serve ELLs and their families.

In this study, early childhood administrators and teachers were asked about their beliefs and practices related to the referral, diagnostic evaluation, and placement process for preschool ELLs and their families. These professionals served English language learners in community child care centers, Head Start, and pre-kindergarten public school settings. Based on the information provided, it is evident that the methods being used by professionals during these processes are still evolving.

Determining Language Proficiency

Several important findings emerged concerning language proficiency. First, there was no consistent approach for determining language proficiency in either the home language or English, and respondents relied heavily on observational data. Differences in social language usage and cognitive and academic language usage are well-documented, as is the time required to acquire cognitive and academic language proficiency (Cummins, 1981,

2005). Thus, understanding the home language and English proficiency of children is a crucial step in distinguishing language and learning differences. Also, it is likely that language proficiency will look different according to the context of an observation, so consistent methods of observation would be a better predictor of language usage. Only a third of the participants reported using published measures to examine language proficiency, and some participants reported using assessments designed to screen or assess development. Assessments of language proficiency should rely on instruments designed for that purpose, not those designed to assess cognition or other areas of development (NAEYC, 2005). A systematic approach to determining language proficiency in both the home language and English should include observations in multiple settings, specific checklists or other guidance in addition to narrative observation data, and criteria to determine when a child is ready to be screened or assessed in English. Also, staff could be trained on language proficiency measures as another method for gathering data. Lastly, a process for explaining the purpose and procedures for determining language proficiency could be jointly developed with families and shared with professionals and families.

Screening and Evaluation Issues

A collective theme throughout the survey responses was the need for professional training to understand the purpose and appropriate uses of screening, assessment, and language proficiency instruments. Clearly, confusion existed about how to use these different types of instruments. This is a serious problem and should be viewed as a contributing factor as to why children are inappropriately placed in special education.

Also, the selection of instruments needs to be appropriate to the children's cultural and linguistic characteristics. Recent studies have outlined some of the problems with screening and assessing ELLs, including the disproportionate number of children being identified for special education services (Artiles, Rueda, Salazar, & Higareda, 2005; Bevan-Brown, 2001; Espinosa, 2005; Keller- Allen, 2006; Mardell-Czudnowski, Chen, Elliott, Goldenberg, & Wang, 2001). Federal and state mandates support nondiscriminatory testing, and it is, of course, the right thing to do. However, more federal and state dollars need to be allocated toward translating/adapting instruments and conducting studies to establish the reliability and validity of widely used screening and assessment tools in the most prevalent languages (at a minimum).

IEP Development

Close to half of the participants reported that children's culture and language were not taken into account for IEP goals, a practice that can have serious consequences. Three- and 4-year-old children are forming important aspects of their cultural identity and language that will impact them for a lifetime, and recent research indicates that bicultural and bilingual education is the most effective approach (Araujo, 2002; Espinosa, 2005; Keller-Allen, 2006; Tabors, 1997). Including meaningful aspects of their culture and language in IEP goals could help support this process. For example, a child who is learning to count could have an IEP goal that includes counting in the home language and English.

Results related to the second research question suggest that programs are making efforts to include families of ELLs. Many parents of ELLs received oral and written communications in their home language and participated in discussions of their child's performance with the aid of an interpreter. One critical factor that emerged from the data was a need for interpreter training on basic terms related to early childhood education, special education, screening and assessment instruments, and the referral/ evaluation/placement process. As a result, family members could obtain more precise information, which would likely increase their participation throughout the process. Also, greater efforts need to be taken to include families in the IEP process. This problem is not unique to ELL children and their families. However, it is exacerbated by language and cultural differences.

Staff Training Needs

Clearly there is a need for more professional development to prepare administrators, teachers, and teacher assistants for meeting the needs of culturally and linguistically diverse children and families. Through additional training, early childhood professionals could learn strategies for developing referral, evaluation, and

placement procedures that would more effectively distinguish learning and language differences, as well as instructional practices that support second language acquisition and honor cultural practices. In addition, many respondents indicated they were attempting to learn a second language themselves. Training in Spanish and other prevalent languages could mean more bilingual professionals, which would greatly enhance communication for children in the classroom and families during the referral, evaluation, and placement process. Finally, the method of providing training to professionals needs to take into account the accessibility to professional development for the different types of service providers. It should be noted that the responses pertaining to staff training were reported only by administrators. Similar questions could be asked of both teachers and administrators in future studies, to gain a more complete picture of staff development concerning their skills in working with ELL children and their families.

The study reported on has limitations. The sampling of early childhood professionals is modest in size. In addition, because some teachers and administrators were from the same programs, additional research should be completed with independent samples.

Population projections for the 21st century emphasize a continuing trend toward greater diversity, linguistically and culturally. Early childhood programs are often the first place that immigrant families learn about educational expectations in the United States. Yet, because of rapid population changes, early childhood educators often feel unprepared to provide quality services to ELL children and their families. This study identified challenges, practices, gaps in services, and successes experienced by early childhood regular and special education professionals during the referral, evaluation, and placement process. The results can help inform policymakers and professionals as they move toward developing new, more effective strategies and policies.

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